

Case Number:	CM15-0206723		
Date Assigned:	10/23/2015	Date of Injury:	05/13/2011
Decision Date:	12/15/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old male, who sustained an industrial injury, May 13, 2011. The injured worker was undergoing treatment for left knee medial meniscus tear and status post left knee arthroscopic surgery for chondroplasty and medial meniscectomy on June 2, 2015. According to progress note of June 8, 2015, the injured worker was there for follow-up from left knee arthroscopic surgery. The injured worker was off crutches and the pain was manageable. The incisions were well healed with no evidence of infection and minimal swelling. The injured worker had full extension and about 95 degrees of flexion. The injured worker was walking with a slight limp. According to the progress noted of July 17, 2015 and August 24, 2015, the range of motion of the left knee was 10 to 125 degrees. The injured worker previously received the following treatments 12 sessions of physical therapy, Percocet and Oxycontin. The UR (utilization review board) denied certification on September 25, 2015; for additional post-operative physical therapy 2 times a week for 6 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post-operative physical therapy 2 times per week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The injured worker is a 63-year-old male status post arthroscopy with partial medial meniscectomy and chondroplasty, left knee on 6/2/2015. The injured worker completed the 12 sessions of physical therapy after surgery. He has good motion in the knee. The current request is for 12 additional sessions of physical therapy. California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a partial meniscectomy. The postsurgical physical medicine period was completed on 9/2/2015. There is no documentation of continuing objective functional improvement. There is no reason given why he cannot progress to a home exercise program at this time. As such, the request for additional physical therapy 2 x 6 is not supported and the request is not medically necessary.